

## July 2009 Consider Rural Needs in Health Care Debate

### CONSIDER RURAL NEEDS IN HEALTH CARE DEBATE

By Congressman Jerry Moran

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My parents are 92 and 93 and still live in my hometown of Plainville, which has a population of 1,900. My dad has morning coffee with our local pharmacist, and their doctor paid a house call on my mom when she slipped and bumped her head a few months back.

This sense of community is what I love about my hometown and other small towns across America, and this is why the current health care reform debate is so important to me. If we want a future of strong small towns across the country, Congress must address the unique health care needs of rural Americans when crafting health care reform legislation.

Democratic congressional leaders and President Obama have vowed to pass a comprehensive overhaul of the health care system before the August congressional recess. I believe this debate is long overdue, but I am troubled by the rapid pace that reform legislation is being crafted.

Under this arbitrary deadline, I am concerned that the unique health care needs of rural Americans will be neglected. I recently met with Health and Human Services Secretary Kathleen Sebelius to list my concerns.

Though health coverage is vitally important for rural communities, the greater crisis facing rural America is access to care. It does not do someone any good to have an insurance card when there is no medical professional to administer care.

Several reforms are crucial to increase health coverage and access. First, we need to adjust Medicare reimbursement levels to ensure that rural health care providers are receiving payments equal to urban provider levels. Demographics show that rural residents have greater inherent health risks and, without adequate reimbursement, these individuals will not have access to the health care providers they need. Additionally, federal boards that set health policy, such as the Medicare Payment Advisory Commission, must include sufficient rural representation to ensure an equitable balance between rural and urban providers.

Second, the current medical work-force shortage must be attacked. We must support work-force development initiatives to address the current shortage of primary care physicians, nurses and other medical professionals and encourage these professionals to provide critical services to our aging rural population.

Third, we must improve care options for rural Americans. Rural Americans must have access to mental health care, disease prevention and wellness initiatives, and quality, cost-effective home health and long-term care services.

Fourth, we need to encourage the development of high-speed broadband networks to connect rural hospitals throughout the nation. A reliable broadband network is required to digitize health records and transmit medical data, resulting in streamlined costs and reduced medical errors.

Rural Americans face a unique combination of health care factors and challenges. I will continue to fight to make sure

that our children and grandchildren have the opportunity to raise their families in the communities that many of us call home.

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